



INSURANCE SERVICES, LLC

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## PAYMENT AUTHORIZATION FORM

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- 1) **PAYMENT MUST BE YOUR AGENCY CHECK, WE CANNOT ACCEPT INSURED PAYMENTS AT THIS TIME**
- 2) **FOR ALL PAYMENTS OTHER THAN DEPOSIT PREMIUMS A \$5.00 PROCESSING FEE WILL BE ADDED TO THE PAYMENT**
- 3) Make your check payable to GSS Insurance Services, LLC
- 4) Attach your signed check in the space provided, or separate page if needed
- 5) Sign and date the authorization form
- 6) Complete the insured and policy information
- 7) Email to [accounting@gssinsurance.com](mailto:accounting@gssinsurance.com) or fax to (909) 494-7854
- 8) Retain this form and the original check for your records, *PLEASE DO NOT MAIL THE PAYMENT*
- 9) *Reoccurring payments cannot be authorized with this form, we will need a new form for each payment*
- 10) Payments will be processed using date received as check number

PLEASE ATTACH CHECK HERE

INSURED: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

POLICY TYPE: \_\_\_\_\_

PAYMENT AMOUNT (DOES NOT INCLUDE THE \$5.00 PROCESSING FEE): \_\_\_\_\_

I authorize GSS Insurance Services, LLC to debit the checking account identified on the attached check for the amount shown, completing this payment transaction as though the original check had been physically received. If GSS Insurance Services, LLC is not able to complete this payment transaction because of reasons beyond our control, I understand any insurance coverage associated with this transaction may not be bound, cancelled or reinstated or otherwise provided. If payment is returned by your bank a \$50.00 fee will be charged.

SIGNATURE OF AUTHORIZED SIGNER: \_\_\_\_\_

DATE: \_\_\_\_\_